

OSTEOSCAN

Osteoscan remains South Australian and doctor-owned... "of clinicians, by clinicians, for clinicians". We hope that this newsletter is of interest and welcome your feedback and support by way of referrals.

Simon Vanlint

Wilton Braund

George Tallis

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Doctors Simon Vanlint, Wilton Braund and George Tallis, and the radiographers and clerical staff of Osteoscan thank you for your support during 2016, wish you a safe and Festive Season, and offer the following newsletter for your education and enjoyment.

There is no doubt "the times are tough" and will only get tougher, the freeze on CPI increases in the MBS continues, there is a review into all MBS item numbers, the cost of postage is ugly, 2017 will usher in the brave new world of a Trump Presidency....nothing like uncertainty.

BMD testing at Osteoscan is not cross-subsidised by CT or MRI scans. Interestingly, BMD item numbers are not part of the Radiology table, but are listed as a clinical service. And that is the philosophy of our business, namely to treat **each BMD referral as a clinical consultation** with a practising endocrinologist, Wilton or George. We remind you of the importance of providing succinct clinical notes, and if you don't like or understand the report, please ring us to discuss.

Fine-tuning VFA requests

The vertebral fracture assessment (VFA) is a lateral image of the thoracolumbar spine that is obtained at the time of BMD testing. VFA images have improved remarkably with better software. The sensitivity for diagnosis of mildly deformed vertebrae (20-25% height loss) is 80-90% and approaches 100% for more severe vertebral fractures (height loss 25-40%). Specificity for all grades of fracture is close to 100%.

There is no MBS item number for a VFA and so there is a charge to the patient. This should be contrasted with the cost, inconvenience and additional radiation associated with a plain X-Ray of the thoracolumbar spine.

When is a VFA appropriate? These guidelines, based on those of ISCD (international Society of Clinical Densitometry) are designed to select patients with pre-test probability of vertebral fracture > 10% and for whom finding a fracture would alter management.

Female with any T score -1.5 to -2.4 And ONE of the following:

Age > 70 years

Height loss 4cm cf young adult

>2cm height loss between measurements

Self-reported prior vertebral fracture

Or TWO of the following:

Age 60-69 years

Height loss 2-4cm cf young adult

Chronic disease predisposing to vertebral fracture (eg RA, Crohn's, COPD)

Postmenopausal woman with T score < -2.5

Male with any T score -1.5 to -2.4 and ONE of the following:

Age > 80 years

Height loss 6 cm cf young adult

Height loss > 3cm between measurements

Self-reported prior vertebral fracture

Or TWO of the following

Age 70-79 years

Height decrease 2-4 cm between measurements

Chronic disease (as per above) or androgen-deprivation treatment

Male with any T score < -2.5

Chronic corticosteroid treatment, any age or sex

Future fracture risk is higher for recent, or incident, vertebral fractures. Thus there is value in a baseline and subsequent VFA to optimise fracture risk and to assess efficacy of anti-resorptive treatment. The Osteoscan report may make a recommendation for a VFA with the next BMD, based on the above guidelines, but we do not always have access to the required clinical information and so this advice is not always optimal.

Locations

Kurralt Park

1st Floor, Tennyson Centre
520 South Road
KURRALTA PARK

Marion

1st Floor, Suit 9, Marion
Medical Centre
199 Sturt Road
SEACOMBE GARDENS

North East

Suite 3, 1240 North East
Road
ST AGNES

Whyalla

UniSA Whyalla Campus
111 Nicolson Avenue
WHYALLA NORRIE

Contact

TENNYSON CENTRE
520 South Road
KURRALTA PARK

P: 1300 791 996

F: 8293 8349

admin@osteoscan.com.au